#### PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. If yes, complete and attach Schedule IV reportable asset worth more than \$1,000 at the end of the period? III. Did you, your spouse, or a dependent child receive "unearned income of more than \$200 in the reporting period or hold any II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. Name: CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES If yes, complete and attach Schedule III. If yes, complete and attach Schedule II. reporting period? Status Report Type Filer Jeffrey Annual (May 15) House of Representatives Member of the U.S. Fortenberry State: District: NE Amendment Yes Yes X Yes Yes X Yes Daytime Telephone: 402/ 8 <u>₹</u> ö ₹ |X ₹ |X Officer or Employee IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VIII of filing in the current calendar year? period (worth more than \$335 from one source)? reportable travel or reimbursements for travel in the reporting VII. Did you, your spouse, or a dependent child receive any VIII. Did you hold any reportable positions on or before the date If yes, complete and attach Schedule VII. If yes, complete and attach Schedule VI. For use by Members, officers, and employees appropriate schedule attached for each "Yes" **Employing Office:** Each question in this part must be answered and the Termination Termination Date: 1438-1598 A \$200 penalty shall be assessed 30 days late. against anyone who files more than CONTREPRESENTATIVES 2009 HEY 21 PM 4: 43 HAND DELIVERED THE RESOURCE CENTER Yes Yes Yes Yes Yes Yes response No X 8 Ö š X ğ 8 X

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#### SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Mil	Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	nefits received under the Social Secu	urity Act.
	Source	Туре	Amount
Ke		Approved Teaching Fee	\$6,000
		Legislative Pension	\$9,000
Examples. Civ	xt. 2nd)	Spouse Speech	\$1,000
Or	Ontario County Board of Education	Spouse Salary	NA
			·

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# SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

College of the colleg	illily paorago.		
Source	Activity	Date	Amount
	Speech	Feb. 2, 2008	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2008	\$500

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50 CREF 6/obal Equities  Con't  Con't	F570	JT Lincoln, NE	JT Retail Dook + Gift Stores	JT Lincoln NE - Marketing + Invotrage	JT 1st Bank of Paducah, KY Accounts	Examples:	SP. SP Mega Corp. Stock	reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	provide the value and income information on	BLOCK A  Asset and/or Income Source  Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).
×	X	×	×	*	×	Indefinite	×	None		BLOCK B  Value of Asset  Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
N/A	N/A	×	Income	Partnership Income	×		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	}	BLOCK C  Type of Income  Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
*	*	×	×	*	×		×	None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       ≥         \$2,501 - \$5,000       ≤         \$5,001 - \$15,000       ≤         \$15,001 - \$50,000       ≦         \$50,001 - \$100,000       ≦         \$100,001 - \$1,000,000       ×         \$1,000,001 - \$5,000,000       ×         Over \$5,000,000       ×		Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
							S (partial)		If only a	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) =Ŋ Ş Residence: Falls Church UA promier Money AKH Shares Thornburg Lingco Minte Lodger Custon Assets: Asset and/or Income Source **BLOCK A** terbaccy 3 None œ \$1 - \$1,000 O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 Year-End BLOCK B ור \$100,001 - \$250,000 Ø \$250,001 - \$500,000 エ \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \_ \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE imes imesDIVIDENDS RENT × INTEREST of Income BLOCK C Type CAPITAL GAINS EXCEPTED/BLIND TRUST not reported Name Jeff Fortenberry Other Type of Income (Specify) None = \$1 - \$200 Amount of Income Ξ \$201 - \$1,000 X 7 \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 VI VII VIII \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000  $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000  $\succeq$ Over \$5,000,000 Page 6 of 10 Transaction BLOCK E ா ு ு

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### SCHEDULE IV-TRANSACTIONS

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						 				<u></u>	 SP	SP, DC, JT	ansact r your esidence old, pla	tocks, mount	epende
											Example: Mega Coporation Common Stock (partial sale)	Asset	transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	stocks, bonds, commodities tutures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that regulated in a long Broukla a brief description of any exchange	Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property.
													PURCHASE		of Ti
						 					×	7	SALE	···	Type of Transaction
													EXCHANGI		ction
											10-12-08		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
													\$1,001- \$15,000	•	
											×		\$15,001- \$50,000	ဂ	
						 							\$50,001- \$100,000	0	Am
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					 	 							\$250,001- \$500,000	TI	of T
_	,					<u> </u>	 						\$500,001- \$1,000,000	 	Amount of Transaction
		<u>.</u>				_							\$1,000,001- \$5,000,000	エ	actio
			! 		 					!			\$5,000,001- \$25,000,000		ĭ
	_				 	 		 !					\$25,000,001- \$50,000,000		
									_				Over \$50,000,000	7	<u> </u>

#### SCHEDULE V- LIABILITIES

Name Jeff Fortenberry

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit

SCHEDU				JT **	JT *N	Еха	JT , SP,	)	
SCHEDULE VI— GIFTS				Mutual of Onaha Beak Lincoln, Nebraska Mortgageon Falls Char	JT *National City Mortgage Dayton Ohio Mortgage on Falls Church	Example: First Bank of Wilmington, Delaware	Creditor		
*				Ka Mortgageon Falls (horch VA	Mortgage on Falls Chunch VA	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
* 50,830.91.Actu							\$10,001- \$15,000	8	
* 50,830.9 * 504,000							\$15,001- \$50,000	ဂ	
000				7			\$50,001- \$100,000	ס	
70 E	<b>]</b>		<u></u>			×	\$100,001- \$250,000	ш	Amo
NE OF			ļ				\$250,001- \$500,000	711	unt o
2002 1000 1000 1000 1000					×*		\$500,001- \$1,000,000	Ω	Amount of Liability
1. 00 y	]					<u> </u>	\$1,000,001- \$5,000,000	=	₹
26.	ļ	ļ 					\$5,000,001- \$25,000,000	_	
Limbolity on		ļ		<u> </u>		_	\$25,000,001 \$50,000,000	` <b>c</b>	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							Over \$50,000,000	ㅈ	

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)

Name
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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor

spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

Examples: 1spen Institute Congressional 100CA Roycroft Corporation Chicago Chamber of Commerce Source Aug/7-23 Aug. 6-11 Date(s) Mar. 2 Ocenal City of Departure—Destination— City of Return DC—Los Angeles—Cleveland DC—Chicago—DC raris - Ocean Lodging? (Y/N く z ~ Food? < ≺! z Was a Family Member Included? (Y/N) Y (spowse ~ z Number of days not at sponsor's expense None 2 Days None

#### SCHEDULE VIII—POSITIONS

Name Jeff Fortenberry

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position	Name of Organization
2.	

#### SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	